

F16000001382

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H16000071096 3)))



H160000710963ABC/

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Homelife Mortgage**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2016 MAR 23 PM 12:05

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K. SALLY  
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

MAR 24



March 22, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

REGISTERED AGENTS INC.

SUBJECT: HOMELIFE MORTGAGE  
REF: W16000021214

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P99000099780 HOMELIFE MORTGAGE COMPANY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

FAX Aud. #: H16000071096  
Letter Number: 616A00005799

2016 MAR 23 PM 12:05

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Homelife Mortgage

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Homelife Capital Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
California n/a

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
Upon Qualification

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

100 Spectrum Center Drive #900, Irvine, CA 92618

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA

(City)

, Florida 33607

(Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



Tom Glover/Manager/Northwest Registered Agent LLC

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED  
2016 MAR 23 AM 9:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Darrin J Seppinni  
100 Spectrum Center Drive #900, Irvine, CA 92618

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Jayne Seppinni  
100 Spectrum Center Drive #900, Irvine, CA 92618

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Darrin J Seppinni  
100 Spectrum Center Drive #900, Irvine, CA 92618

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Jayne Seppinni  
100 Spectrum Center Drive #900, Irvine, CA 92618

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: Jayne Seppinni  
100 Spectrum Center Drive #900, Irvine, CA 92618

Address: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Darrin J Seppinni, President

13. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

FILED

2016 MAR 23 AM 9:47

DEPARTMENT OF STATE  
FILED HASSTF, ET 0510

**State of California**  
**Secretary of State**  
CERTIFICATE OF STATUS

FILED  
2016 MAR 23 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ENTITY NAME:

HOMELIFE MORTGAGE

FILE NUMBER: C1657416  
FORMATION DATE: 01/26/1990  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of March 16, 2016.

ALEX PADILLA  
Secretary of State

ABW